

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
TRANSCRIPT ORDER FORM

111 First Street
Bay City, MI 48708

211 W. Fort Street
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Order Party: Name, Address and Telephone Number

Name Syncora Guarantee & Syncora Capital Assurance

Firm Kirkland & Ellis LLP

Address 300 N. LaSalle

City, State, Zip Chicago, IL 60654

Phone 312-862-2000

Email lally.gartel@kirkland.com

Case/Debtor Name: City of Detroit, MI

Case Number: 13-53846

Chapter: 9

Hearing Judge Hon. Steven Rhodes

Bankruptcy Adversary

Appeal Appeal No: _____

Hearing Information (A separate form must be completed for each hearing date requested.)

Date of Hearing: 09/17/2014 Time of Hearing: 8:30 a.m. Title of Hearing: Plan Confirmation

Please specify portion of hearing requested: Original/Unredacted Redacted Copy (2nd Party)

Entire Hearing Ruling/Opinion of Judge Testimony of Witness Other

Special Instructions: _____

Type of Request:

- Ordinary Transcript - \$3.65 per page (30 calendar days)
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Signature of Ordering Party:

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By signing, I certify that I will pay all charges upon completion of the transcript request.

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Transcript To Be Prepared By _____

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